PTO/SB/01 (03-01)

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| | Attorney Docket Number | 495263010035 | |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------|--|
| DECLARATION FOR UTILITY OR | First Named Inventor | Pramod K. Arora | |
| DESIGN PATENT APPLICATION | COMPLETE IF KNOWN | | |
| (37 CFR 1.63) | Application Number | | |
| X Declaration Submitted OR Submitted after Initial with Initial Filing Declaration Submitted after Initial Filing (37 CFR 1.16 (e)) required) | Filing Date | • | |
| | Group Art Unit | | |
| | Examiner Name | | |

| rining | required) | Examiner Name | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------|-----------------------------|--|
| As a below named inventor, I her | eby declare that: | | | | |
| My residence, mailing address, and | l cilizenship are as slale | d below next to my name | э. | | |
| I believe I am the original, first and | I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | |
| names are listed below) of the sool | ect matter which is claim | led and for which a pace | in to cought off an | | |
| | | | | | |
| COMPOSITION WITH AND METHOD FOR A | FILM FORMI | NG ALKYLSILS | SESQUIOXA LMS TO SI | ANE POLYMER IRFACES | |
| AND METHOD FOR F | APPLIING HID | ROPHODIC 11. | urio 10 D | | |
| | | | | | |
| | (Tille of th | e Invention) | | | |
| the specification of which | | | | | |
| X is altached hereto | | | | | |
| OR | |] | | | |
| was filed on (MM/DD/YYYY) | | as United Sta | ates Application N | lumber or PCT International | |
| | | | | | |
| Application Number | and was a | mended on (MM/DD/YY) | Y) | (if applicable). | |
| | | | e 1 - 10 - 11 - 11 - 11 - 11 | to do the claims as | |
| I hereby state that I have reviewed amended by any amendment spec | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- | | | | | |
| in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. | | | | | |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other | | | | | |
| than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the | | | | | |
| application on which priority is clair Prior Foreign Application | | Foreign Filing Date | Priority | Certifled Copy Attached? | |
| Number(s) | Country | (MM/DD/YYYY) | Not Claimed | YES NO | |
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| A 1 title and for a continuous lineations | www.hore.org.linled.on.org | eupplemental priority da | la sheet PTO/SP | M/02B allached herelo: | |

[Page 1 of 2]

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| Country | US | Tele | phone 216-5 | 586-7 | 283 | Fax216-579-0212 |
| are believed made are pu | I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF | SOLE OR FIRST INVE | NTOR: | A petition h | as been | filed for this uns | signed inventor |
| Given Name (first and mi | Given Name PRAMOD K. Family Name ARORA (first and middle [if any]) | | | | RA . | |
| Inventor's Signature | | | | | | Date |
| Residence: | city North Roya | lton | State OH | C | ountry US | Citizenship India |
| Mailing Add | ress 5144 Pinck | neya Dri | ve | | | |
| City | North Roya | 1ton | State OH | 7 | ZIP 44133 | Country US |
| NAME OF | SECOND INVENTOR: | | A petition has | been fi | iled for this unsig | gned inventor |
| Given Name (first and mic | DVTO | Р. | | Family N | | SH |
| Inventor's Signature | | | | | | Date |
| Residence: | _{City} North Royal | ton | State OH | Cou | intry US | Citizenship US |
| Mailing Addı | ^{ress} 13010 Morni | ng Star | Drive | | | |
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| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | |

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PTO/SB/81 (02-01)

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| Application Number | | |
|------------------------|-----------------|--|
| Filing Date | | |
| First Named Inventor | Pramod K. Arora | |
| Title | | |
| Group Art Unit | · | |
| Examiner Name | | |
| Attorney Docket Number | 495263010035 | |

| I hereby appoir | nt: | | | |
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| X Applicant | X Applicant/Inventor. | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | |
| Statemen | nt under 37 CFR 3.73(b) is enclosed. (Form F | PTO/SB/96). | | |
| SIGNATURE of Applicant or Assignee of Record | | | | |
| Name | Pramod K. Arora | ramod K. Arora | | |
| Signature | γ | | | |
| Date | Υ | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | |
| D *Total of 2 | forms are submitted. | | | |